

CTK: _____

Big Brothers Big Sisters of Mohave County
A Program of the Interagency Council

**PARENT SATISFACTION QUESTIONNAIRE
(Post Match)**

Name: _____ Date: _____

We want to know what you think of our agency and how well we have supported you and your child in your match throughout the past several months. Please take a few minutes to answer the following questions by circling the number that corresponds to your level of agreement with the question. Please feel free to provide any additional comments in the space provided.

	Strongly Disagree				Strongly Agree
1. I have found the BBBS staff to be friendly and courteous.	1	2	3	4	5
2. During my child's match I have felt that BBBS staff were available to support me and my child.	1	2	3	4	5
3. When I have contacted the agency with a problem or question I have received prompt service.	1	2	3	4	5
4. I would encourage my friends to involve their child with the agency.	1	2	3	4	5
5. I feel comfortable contacting the agency for any questions, assistance, and concerns.	1	2	3	4	5
6. Up to this point, my child has had a positive and fun experience.	1	2	3	4	5
7. My suggestions for improving the match support are:					
8. My other comments are:					